

# Reimbursement Agreement

## Covered Walkway and Façade Improvement Program



This Agreement documents the amount requested for reimbursement under the Covered Walkway and Façade Improvement Program. This should be filed with the Economic Vitality Department after written bids have been received. The approved amount establishes the maximum possible reimbursement for a project unless permission is given in writing for subsequent increases presented as changes orders to any contract between the Property Owner and/or Business Owner and the company or companies undertaking the construction work. The City of Scottsdale will maintain this commitment for a maximum period of six months from the date this agreement is signed by the City. Extensions beyond that time must be requested and approved in writing by the Economic Vitality Department.

Project Address \_\_\_\_\_ Date of Request \_\_\_\_\_

Requesting Party (please sign) \_\_\_\_\_  
(must be property owner or designated representative)

Amount of Bid accepted by Property Owner/Business Owner \$ \_\_\_\_\_  
(all three written bids must be on file with this form)

Amount of Reimbursement being requested \$ \_\_\_\_\_

Initial Amount Approved \$ \_\_\_\_\_ Date \_\_\_\_\_

### Change Orders:

Change Order Amount	Reimbursement Requested	Amount Approved	Date
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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Final Reimbursement amount approved including all Change orders \$ \_\_\_\_\_

There are no liens against this property at the time this reimbursement is made.

By : \_\_\_\_\_ Date \_\_\_\_\_  
(circle one) (Property Owner) (Representative)

Amount Accepted By: \_\_\_\_\_ Date \_\_\_\_\_  
(circle one) (Property Owner) (Representative)

Final City Approval By \_\_\_\_\_ Date \_\_\_\_\_

**Submit forms to: Harold Stewart, Business Services Manager, 480-312-2311**  
**Economic Vitality Department City of Scottsdale email: [hstewart@scottsdaleaz.gov](mailto:hstewart@scottsdaleaz.gov)**  
7447 E. Indian School Road Suite 200 Scottsdale, AZ 85251 fax 480-312-2672  
Covered Walkway and Façade Improvement Program

Revised 9/05

# Reimbursement Submittal and Approval

## Covered Walkway and Façade Improvement Program



Project Name \_\_\_\_\_  
Project Address \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Amount of Reimbursement Requested \$ \_\_\_\_\_  
Date of Request \_\_\_\_\_  
Date Reimbursement Issued \_\_\_\_\_ Yes No

1. The Eligibility Statement is on file and signed by the property owner? \_\_\_\_\_
2. A written bid for the work have been placed on file? \_\_\_\_\_
3. All final inspections of the work have been completed and approved by the City of Scottsdale and verification is provided? \_\_\_\_\_
4. The activities for which the reimbursement is requested meet all the eligibility requirements? Yes \_\_\_\_ No \_\_\_\_
5. If no, specify those that do not qualify and note in an attached list the item(s) and the amount for which no match is available.
6. The Property Owner has signed needed encroachment easements? \_\_\_\_\_
7. The Property Owner has signed the covenant restricting modifications and changes for a ten-year period. \_\_\_\_\_
8. The Property Owner has provided documentation for all expenses that are to be matched (a minimum of at least \$2,500). The value of in-kind, donated or similar no cost to the Property Owner improvements, services or materials will not be matched. \_\_\_\_\_
9. An invoice is attached requesting a specific reimbursement \_\_\_\_\_
10. All lien releases have been secured and recorded. \_\_\_\_\_
11. Owner has declared that no liens exist against the property at time of reimbursement \_\_\_\_\_
12. A completed W-9 (Request for Taxpayer Identification Number and Certification, [www.irs.gov](http://www.irs.gov)) has been provided. \_\_\_\_\_
13. Reimbursement will be mailed to:  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_
14. Amount Authorized for Reimbursement \$ \_\_\_\_\_

Requested by \_\_\_\_\_  
(Owner or Owners Legal Representative) Date \_\_\_\_\_

City Approval by \_\_\_\_\_ Date \_\_\_\_\_

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